FORM NOT FINAL.

▼ Detach Here and Mail With Your Payment **▼**

Department of the Treasury Internal Revenue Service

Calendar Year — Due **04/15/2021**

2021 Form 1040-ES Payment Voucher 1

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2021 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....

942.

REV 01/25/21 PRO

1555

346-15-3526 VINAY REDDY KONDAM

14198 TOWERS LANE EDEN PRAIRIE MN 55347 INTERNAL REVENUE SERVICE
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FORM NOT FINAL.

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury Internal Revenue Service

Calendar Year — Due **06/15/2021**

2021 Form 1040-ES Payment Voucher 2

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2021 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....

942.

REV 01/25/21 PRO

1555

346-15-3526 VINAY REDDY KONDAM

14198 TOWERS LANE EDEN PRAIRIE MN 55347 INTERNAL REVENUE SERVICE
PO BOX 931100
LOUISVILLE KY 40293-1100

FORM NOT FINAL.

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury Internal Revenue Service

Calendar Year — Due **09/15/2021**

2021 Form 1040-ES Payment Voucher 3

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2021 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....

942.

REV 01/25/21 PRO

1555

346-15-3526 VINAY REDDY KONDAM

14198 TOWERS LANE EDEN PRAIRIE MN 55347 INTERNAL REVENUE SERVICE
PO BOX 931100
LOUISVILLE KY 40293-1100

FORM NOT FINAL.

▼ Detach Here and Mail With Your Payment **▼**

Department of the Treasury Internal Revenue Service

Calendar Year — Due **01/18/2022**

2021 Form 1040-ES Payment Voucher 4

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2021 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....

942.

REV 01/25/21 PRO

1555

346-15-3526 VINAY REDDY KONDAM

14198 TOWERS LANE EDEN PRAIRIE MN 55347 INTERNAL REVENUE SERVICE
OULLEFEUR YN ALLIVZIUOL

Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Submission Identification Number (SID)					
Taxpayer's name	Soc	cial security	number		
VINAY REDDY KONDAM	3	346-15-3	3526		
Spouse's name	Spo	ouse's socia	I security	number	
Part I Tax Return Information — Tax Year Ending December 31,	 (Enter yea	ar you are	author	rizing.)	
Enter whole dollars only on lines 1 through 5.		,		<u> </u>	
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.					
1 Adjusted gross income		[1	210,	394.
2 Total tax		[2	44,	529.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099			3	45,	216.
4 Amount you want refunded to you			4		<u>687.</u>
5 Amount you owe			5		
Part II Taxpayer Declaration and Signature Authorization (Be sure	you get and kee	р а сору	of you	r returr	າ)
return (original or amended) I am now authorizing. I consent to allow my intermediate service to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt for any delay in processing the return or refund, and (c) the date of any refund. If applicable, Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institupayment of my federal taxes owed on this return and/or a payment of estimated tax, and the authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Apayment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment business days prior to the payment (settlement) date. I also authorize the financial institution taxes to receive confidential information necessary to answer inquiries and resolve issues personal identification number (PIN) below is my signature for the income tax return (original Flactronic Funds Withdrawal Consent	or reason for rejection I authorize the U.S. Tution account indicate financial institution to gent to terminate the cancellation requests involved in the process related to the payments.	n of the transfer of the transfer of the tax of debit the expension of the tax of tax of the tax of t	nsmission If its design If preparate If p	n, (b) the gnated Fiction software country accountry to later conic paying wiedge to the conic paying the co	reason inancial vare for nt. This ancel) a than 2 ment of hat the
Electronic Funds Withdrawal Consent.					
Taxpayer's PIN: check one box only		5	3 5 2		
X I authorize GLOBAL TAXES LLC to enterpretation	ter or generate my l	Ente	r five digit	s, but	as my
signature on the income tax return (original or amended) I am now authorize	zing.	don	t enter all	zeros	
I will enter my PIN as my signature on the income tax return (original or ar if you are entering your own PIN and your return is filed using the Practit below.					
Your signature ▶	Date ▶				
Spouse's PIN: check one box only					
• —	ter or generate my l	DINI			as my
ERO firm name	tor or generate my i		r five digit		ao my
signature on the income tax return (original or amended) I am now authorize	zing.	don't	t enter all	zeros	
I will enter my PIN as my signature on the income tax return (original or ar if you are entering your own PIN and your return is filed using the Practit below.					
Spouse's signature ▶	Date ►				
Practitioner PIN Method Returns Only—co	ontinue below				
Part III Certification and Authentication — Practitioner PIN Method	Only				
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected	PIN. 5 8 7	2 7 8	6 1	9 8	9
I certify that the above numeric entry is my PIN, which is my signature for the electronic inc authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-r	n that I am submitting	g this returr	n in acco	rdanće v	
ERO's signature ▶	Date ▶				
ERO Must Retain This Form — See In					
Don't Submit This Form to the IRS Unless Re		So			

£1040

Department of the Treasury—Internal Revenue Service (99)

U.S. Individual Income Tax Return

2020

OMB No. 1545-007

IRS Use Only—Do not write or staple in this space.

Filing Status Check only one box.	If yo	Single Married filing jointly bu checked the MFS box, enter the son is a child but not your depende	name of y	ed filing separately your spouse. If you		_		•	_			
Your first name	and m	iddle initial	Last na	me					You	ır so	cial security	y number
VINAY R	EDDY		KOND	MAC					34	6-2	15-3526	6
If joint return, s	pouse's	s first name and middle initial	Last na	me					Spo	use's	s social sec	curity number
Home address	•	er and street). If you have a P.O. box, se S LANE	e instruction	ons.				Apt. no.	Che	eck h	ere if you,	•
City, town, or p	ost offi	ce. If you have a foreign address, also c	complete s	paces below.	Sta			code			0,	tly, want \$3 Checking a
EDEN PR		E			M			5347			ow will not	•
Foreign country	y name		F	Foreign province/state	e/coun	ty	For	eign postal cod	de you	r tax	or refund.	Spouse
At any time du	ıring 20	020, did you receive, sell, send, ex	change, c	or otherwise acquire	e any	financial ir	nterest ir	n any virtual	curren	cy?	Yes	⊠ No
Standard Deduction		neone can claim:	•				ent					
Age/Blindness	s You	: Were born before January 2,	1956	Are blind Sp	ouse	: Was	born be	efore Januar	y 2, 19	56	☐ Is bli	ind
Dependents	s (see	instructions):		(2) Social securi	ty	(3) Relati	onship	(4) 🗸 i	if qualifie	es for	(see instruc	ctions):
If more		irst name Last name		number	,	to ye	ou '	Child tax cred		- 1		her dependents
than four]			
dependents, see instruction]			
and check	5 —]	П		
here ▶ □												
	1	Wages, salaries, tips, etc. Attach	Form(s) \	N-2						1	21	17,194.
Attach	2a	Tax-exempt interest	2a		b T	axable inte	erest		. [2b		
Sch. B if required.	3a	Qualified dividends	3a		b (Ordinary di	vidends		. [3b		
	4a	IRA distributions	4a		b T	axable am	ount .			4b		
	5a	Pensions and annuities	5a		b T	axable am	ount .			5b		
Standard	6a	Social security benefits	6a		b T	axable am	ount .			6b		
Deduction for—	7	Capital gain or (loss). Attach Scho	edule D if	required. If not red	quirec	, check he	re .	•	· 🗌 📗	7		
Single or Married filing	8	Other income from Schedule 1, li	ne 9							8	_	-6,550.
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7	, and 8. T	his is your total in	come				•	9	21	10,644.
Married filing	10	Adjustments to income:										
jointly or Qualifying	а	From Schedule 1, line 22										
widow(er), \$24,800	b	Charitable contributions if you take	Charitable contributions if you take the standard deduction. See instructions 10b 250.						250.			
Head of	С	Add lines 10a and 10b. These are	e your tot	al adjustments to	inco	me			•	10c	;	250.
household, \$18,650	11	Subtract line 10c from line 9. This	s is your a	adjusted gross inc	ome				•	11	21	10,394.
If you checked	12	Standard deduction or itemized	d deducti	ions (from Schedul	e A)				. [12]	12,400.
any box under Standard	13	Qualified business income deduction. Attach Form 8995 or Form 8995-A						13				
Deduction, see instructions.	14	Add lines 12 and 13							. [14	1	12,400.
See monuctions.	15	Taxable income. Subtract line 1-	4 from lin	e 11. If zero or less	s, ente	er -0			. [15	19	97,994.

Form 1040 (2020))									Page 2
	16	Tax (see instructions). Check	if any from Form	n(s): 1 881	4 2 🗌 4972	3 🗌			16	44,374.
	17	Amount from Schedule 2, lir	ne 3						17	
	18	Add lines 16 and 17							18	44,374.
	19	Child tax credit or credit for	other dependen	ts					19	
	20	Amount from Schedule 3, lir	ne7						20	
	21	Add lines 19 and 20							21	
	22	Subtract line 21 from line 18	B. If zero or less,	enter -0					22	44,374.
	23	Other taxes, including self-e	mployment tax,	from Schedule	2, line 10 .				23	155.
	24	Add lines 22 and 23. This is	your total tax					. ▶	24	44,529.
	25	Federal income tax withheld	I from:							
	а	Form(s) W-2				25a	45,	061.		
	b	Form(s) 1099				25b				
	С	Other forms (see instruction	s)			25c		155.		
	d	Add lines 25a through 25c							25d	45,216.
If you have a	26	2020 estimated tax paymen	ts and amount a	pplied from 20	119 return				26	
qualifying child,	27	Earned income credit (EIC)			No .	27				
attach Sch. EIC.	28	Additional child tax credit. A				28				
nontaxable	29	American opportunity credit	from Form 8863	3, line 8		29				
combat pay, see instructions.	30	Recovery rebate credit. See	instructions .			30				
	31	Amount from Schedule 3, lir				31				
	32	Add lines 27 through 31. The					S	. ▶	32	
	33	Add lines 25d, 26, and 32. T	hese are your to	otal payments				. ▶	33	45,216.
Defined	34	If line 33 is more than line 24							34	687.
Refund	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here >							35a	687.
Direct deposit?	▶b	Routing number 0 2 1			▶ c Type: 🔀	_		vinas		
See instructions.	►d	Account number 6 2 6						3		
	36	Amount of line 34 you want			ed tax ►	36				
Amount	37	Subtract line 33 from line 24	. This is the am e	ount vou owe	now			. •	37	
You Owe		Note: Schedule H and Sch		-						
For details on		2020. See Schedule 3, line 1	·	•	•	or the taxe	s you ov	ve ioi		
how to pay, see instructions.	38	Estimated tax penalty (see in	•			38				
Third Party	Do	you want to allow another								
Designee		structions					'es. Con	nplete b	elow.	⋉ No
		signee's		Phone				al identifi		
	naı	me ►		no.			numbe	(PIN)		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com								
Here		•	•			aseu on an in				,
	YO	ur signature		Date	Your occupation					nt you an Identity N, enter it here
Joint return?					SOFTWARE	DEVELOP	ER	- 1	nst.) ▶	
See instructions.	Sp	ouse's signature. If a joint return, I	both must sign.	Date	Spouse's occupa	tion		If the	IRS ser	nt your spouse an
Keep a copy for your records.	,							- 1		ection PIN, enter it here
your records.								(see I	nst.) ►	
		one no.		Email address		1				
Paid		eparer's name	Preparer's signat			Date		PTIN		Check if:
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLAM	1 01/31/2	2021 P	02082		Self-employed
Use Only		m's name ► GLOBAL TA						Phon	e no. (678)965-9522
	Fir	m's address ► 2530 Pebb	le Creek I	n Cummin	g GA 30041			Firm's	s EIN 🕨	30-1017196
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	est information.		BAA	REV 01/25	5/21 PRO			Form 1040 (2020)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

Attachment

Your social security number

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

► Attach to Form 1040, 1040-SR, or 1040-NR. ▶ Go to www.irs.gov/Form1040 for instructions and the latest information. Sequence No. 01

OMB No. 1545-0074

VINAY REDDY KONDAM 346-15-3526 **Additional Income** Part I 1 Taxable refunds, credits, or offsets of state and local income taxes 1 2a **b** Date of original divorce or separation agreement (see instructions) 3 3 4 4 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 5 5 -6,550. 6 6 7 7 8 Other income. List type and amount 8 Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR. 9 9 -6,550. Adjustments to Income Part II 10 Educator expenses 10 Certain business expenses of reservists, performing artists, and fee-basis government 11 11 12 12 13 Moving expenses for members of the Armed Forces, Attach Form 3903 13 14 Deductible part of self-employment tax. Attach Schedule SE 14 15 Self-employed SEP, SIMPLE, and qualified plans 15 16 16 17 17 18a c Date of original divorce or separation agreement (see instructions) 19 19 IRA deduction . . . 20 20

21

22

Add lines 10 through 21. These are your adjustments to income. Enter here and

on Form 1040, 1040-SR, or 1040-NR, line 10a

SCHEDULE 2 (Form 1040)

Department of the Treasury Internal Revenue Service

Additional Taxes

► Attach to Form 1040, 1040-SR, or 1040-NR.

► Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2020
Attachment
Sequence No. 02

Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number 346-15-3526 VINAY REDDY KONDAM Part I Tax 1 Alternative minimum tax. Attach Form 6251 1 2 2 Excess advance premium tax credit repayment. Attach Form 8962 Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17... 3 Part II **Other Taxes** 4 Self-employment tax. Attach Schedule SE 4 Unreported social security and Medicare tax from Form: a ☐ 4137 5 5 6 Additional tax on IRAs, other qualified retirement plans, and other tax-favored 6 7a b Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required 7b Taxes from: **a** × Form 8959 **b** Form 8960 8 **c** ☐ Instructions; enter code(s) 8 155. Section 965 net tax liability installment from Form 965-A . . . 10 Add lines 4 through 8. These are your total other taxes. Enter here and on Form

For Paperwork Reduction Act Notice, see your tax return instructions.

1040 or 1040-SR, line 23, or Form 1040-NR, line 23b

REV 01/25/21 PRO

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BAA

Schedule 2 (Form 1040) 2020

155.

SCHEDULE E

(Form 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

► Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

▶ Go to www.irs.gov/ScheduleE for instructions and the latest information.

Attachment Sequence No. **13**

Your social security number

VINA	Y REDDY KONDAM							34	46-15	-352	5	
Part	Income or Loss	From Rental Real Estate and Ro	yaltie	s Note: If	you a	re in th	e business c	f rent	ing pers	onal pr	operty,	use
	Schedule C. See	instructions. If you are an individual, rep	ort fan	m rental inco	ome o	r loss fr	om Form 48	335 or	n page 2	, line 40).	
A Dic	l you make any payme	nts in 2020 that would require you to	file F	orm(s) 109	9? Se	e instr	uctions .			Y	es X	No
		ou file required Form(s) 1099?									es 🗌	No
1a		each property (street, city, state, ZIF										
Α	<u> </u>	ERABAD IN 500072		,								
В												
С												
1b	Type of Property	2 For each rental real estate prop	nerty I	isted		Fair	Rental	Per	sonal	Use		
	(from list below)	above report the number of fa	ir rent	al and		D	ays		Days		QJ	IV
Α	3	personal use days. Check the	QJV b	ox only	A		365			0]
В		qualified joint venture. See inst	tructio		В							1
С					С							1
Type	of Property:											
	le Family Residence	3 Vacation/Short-Term Rental	5 La	nd	7	' Self-l	Rental					
_	i-Family Residence	4 Commercial		valties			r (describe)	١				
Incom		Properties:			A		<u> </u>				С	
3	Rents received		3			550.						
4			4									
Expen												
5			5						1			
6		nstructions)	6			200.						
7	·	nance	7			L00.						
8			8									
9			9									
10		ssional fees	10									
11	-		11		6	550.						
12		d to banks, etc. (see instructions)	12			,,,,,						
13			13		4.5	500.						
14			14			550.						
15			15			550.						
16			16									
17			17			150.						
18		e or depletion	18									
19	Other (list)		19									
20	` ′	lines 5 through 19	20		7.2	200.						
21	•	line 3 (rents) and/or 4 (royalties). If										
41		instructions to find out if you must										
	file Form 6198		21		-6,5	550.						
22		estate loss after limitation, if any,										
	on Form 8582 (see in		22	_	6,5	50.)	()()
23a	·	eported on line 3 for all rental prope				23a		6	50.			,
b		eported on line 4 for all royalty prop				23b						
С		eported on line 12 for all properties				23c						
d		eported on line 18 for all properties				23d						
е		eported on line 20 for all properties				23e		7,2	00.			
24		e amounts shown on line 21. Do no						<u> </u>	24			
25	•	sses from line 21 and rental real estate		•		nter tota	ıl losses her	е.	25 (6,5	50.)
26		ate and royalty income or (loss).							<u> </u>			,
20		V, and line 40 on page 2 do not										
		10) line 5. Otherwise include this ar							26		-6.	550

Department of the Treasury Internal Revenue Service

Additional Medicare Tax

▶ If any line does not apply to you, leave it blank. See separate instructions. ► Attach to Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.

▶ Go to www.irs.gov/Form8959 for instructions and the latest information.

Attachment Sequence No. **71**

OMB No. 1545-0074

Name(s) shown on return Your social security number VINAY REDDY KONDAM 346-15-3526

Part	Additional Medicare Tax on Medicare Wages			
1	Medicare wages and tips from Form W-2, box 5. If you have more than one			
	Form W-2, enter the total of the amounts from box 5	217,194.		
2	Unreported tips from Form 4137, line 6			
3	Wages from Form 8919, line 6			
4	Add lines 1 through 3	217,194.		
5	Enter the following amount for your filing status:			
	Married filing jointly			
	Married filing separately \$125,000			
_	Single, Head of household, or Qualifying widow(er) \$200,000 5	200,000.	_	
6	Subtract line 5 from line 4. If zero or less, enter -0		6	17,194.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter	•	_	155.
Part	Part II		7	155.
	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you			
8	had a loss, enter -0- (Form 1040-PR or 1040-SS filers, see instructions.) 8			
9	Enter the following amount for your filing status:			
3	Married filing jointly			
	Married filing separately \$125,000			
	Single, Head of household, or Qualifying widow(er) \$200,000 9			
10	Enter the amount from line 4			
11	Subtract line 10 from line 9. If zero or less, enter -0			
12	Subtract line 11 from line 8. If zero or less, enter -0		12	
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009).			
	go to Part III		13	
Part	Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Com	pensation		
14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14			
	(see instructions)			
15	Enter the following amount for your filing status:			
	Married filing jointly \$250,000			
	Married filing separately \$125,000			
	Single, Head of household, or Qualifying widow(er) \$200,000 15			
16	Subtract line 15 from line 14. If zero or less, enter -0		16	
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 b		4-	
Part	Enter here and go to Part IV		17	
18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 8	(chock box a)		
10	(Form 1040-PR or 1040-SS filers, see instructions), and go to Part V		18	155.
Part			.0	133.
19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form			
	W-2, enter the total of the amounts from box 6	3,304.		
20	Enter the amount from line 1	217,194.		
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax			
	withholding on Medicare wages	3,149.		
22	Subtract line 21 from line 19. If zero or less, enter -0 This is your Additional	Medicare Tax		
	withholding on Medicare wages		22	155.
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from			
	14 (see instructions)		23	
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include th			
	federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (For			
	1040-SS filers, see instructions)		24	155.

BAA

Form **8960**

Department of the Treasury Internal Revenue Service (99)

Net Investment Income Tax— Individuals, Estates, and Trusts

► Attach to your tax return.

► Go to www.irs.gov/Form8960 for instructions and the latest information.

OMB No. 1545-2227

2020
Attachment
Sequence No. 72

Name(s) shown on your tax return Your social security number or EIN VINAY REDDY KONDAM 346-15-3526 Part I Investment Income ☐ Section 6013(g) election (see instructions) ☐ Section 6013(h) election (see instructions) ☐ Regulations section 1.1411-10(g) election (see instructions) 1 2 2 3 3 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see 4a -6,550. Adjustment for net income or loss derived in the ordinary course of a nonsection 1411 trade or business (see instructions) 4b -6,550. 4c 5a Net gain or loss from disposition of property (see instructions) 5a Net gain or loss from disposition of property that is not subject to net 5b Adjustment from disposition of partnership interest or S corporation stock (see 5d 6 Adjustments to investment income for certain CFCs and PFICs (see instructions) 6 7 7 Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7. 8 -6,550 Part II Investment Expenses Allocable to Investment Income and Modifications State, local, and foreign income tax (see instructions) 9b Miscellaneous investment expenses (see instructions) . . 9c 9d 10 10 Total deductions and modifications. Add lines 9d and 10 11 11 Part III Tax Computation Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13-17. 12 0. Individuals: Modified adjusted gross income (see instructions) 13 210,394. 14 200,000. 15 Subtract line 14 from line 13. If zero or less, enter -0- 15 16 16 0. 17 Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and include 17 0. **Estates and Trusts:** Deductions for distributions of net investment income and deductions under 18b

20

21

Undistributed net investment income. Subtract line 18b from 18a (see instructions). If zero or less, enter -0-

Subtract line 19b from line 19a. If zero or less, enter -0-

 18c 19a

19b

19c

20



Pay by Check

- Make your check payable to "Minnesota Revenue."
- Print the last four digits of your Social Security number in the memo line of your check.
- Mail your payment and the voucher below to the address on the voucher.

Note: Your payment may be delayed if your voucher information is missing or incorrect. When printing the voucher, set your printer to "Actual size" (not "Shrink oversized pages").

Scan Line

The scan line is the most important part of the voucher. When submitting your voucher make sure the scan line:

- Is printed with 66 digits characters, symbols, or masking are unacceptable.
- Is not cut off or missing.

Pay Electronically

- Pay electronically from your bank account. Go to **www.revenue.state.mn.us** and type **make a payment** into the Search box or call our automated system at 1-800-570-3329. We do not charge for this service.
- Pay by credit card or debit card. Go to www.paystatetax.com/mn or call 1-855-947-2966. Value Payment Systems processes these payments and charges you a fee for this service.
- Pay by ACH credit transfer through your financial institution. Go to **www.revenue.state.mn.us** and type **ACH Credit** into the Search box.

REV 01/26/21 PRO

Cut carefully along this line to detach. Your check authorizes us to make a one-time electronic fund transfer from your account.



B B B OF REVENUE		
Individual Estimated Tax Payment	Preparer Tax Identification Number:	P02082703
VINAY REDDY KONDAM	Social Security Number (required):	346153526
14198 TOWERS LANE EDEN PRAIRIE MN 55347	Spouse's Social Security Number:	310133320
	Tax-Year End:	123121
Make check payable to: Minnesota Revenue		
		200 00
P.O. Box 64037, St. Paul, MN 55164-0037	Amount of Check:	328 00



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- Pay by credit card or debit card. Go to www.paystatetax.com/mn or call 1-855-947-2966. Value Payment Systems processes these payments and charges you a fee for this service.
- Pay by ACH credit transfer through your financial institution. Go to **www.revenue.state.mn.us** and type **ACH Credit** into the Search box.

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	Tax-Year End:	123121
Make check payable to: Minnesota Revenue		
		200 00
P.O. Box 64037, St. Paul, MN 55164-0037	Amount of Check:	328 00





2020 Form M1, Individual Income Tax

VINAY REDDY Your First Name and Initial			ber (SSN) 08021992 Your Date of Birth
If a Joint Return, Spouse's First Name and Ini	tial Spouse's Last Name	Spouse's Social Security N	umber Spouse's Date of Birth
14198 TOWERS LANE Current Home Address	EDEN PRAIRIE City	MN 55347 State ZIP Code	Check if Address is: New Foreign
2020 Federal Filing Status (place an X in one box):		
(1) Single (2) Married Filing Join	intly (3) Married Filing Separate Spouse Name		ehold (5) Qualifying Widow(er
Dependents (see instruction	Spouse SSN ns):		
Dependent 1 First Name	Dependent 1 Last Name	Dependent 1 SSN	Dependent 1 Relationship to You
Dependent 2 First Name	Dependent 2 Last Name	Dependent 2 SSN	Dependent 2 Relationship to You
Dependent 3 First Name	Dependent 3 Last Name	Dependent 3 SSN	Dependent 3 Relationship to You
From Your Federal Return (so	emocratic/Farmer-Labor—12 Grassroo	ts/Legalize Cannabis—14 Libertarian—16 0	Legal Marijuana Now—17 General Campaign Fund—99 197994 D. Federal taxable income
1 Federal adjusted gross incom	ne (from line 11 of federal Form 1	040 and 1040-SR)	1 ■ 210394
2 Additions to Minnesota incom	me from line 17 of Schedule M1M	(see instructions; enclose Schedule M1M)	2■250
3 Add lines 1 and 2			3 210644
4 Itemized deductions (from S	chedule M1SA) or your standard o	deduction (see instructions)	4■12016
5 Exemptions (determine from	instructions)		5■
7 Other subtractions from Min	nesota income from line 47 of Sch	nedule M1M	
8 Total subtractions. Add lines	4 through 7		812016
9 Minnesota taxable income.	Subtract line 8 from line 3. If zero or	less, leave blank	9 198628
10 Tax from the table in the For	m M1 instructions		1014956
11 Alternative minimum tax (en	close Schedule M1MT)		11

2020 M1, page 2



13 Full-year residents: Enter the amount from line 12 on line 13. Skip lines 13a and 13b. Part-year residents and nonresidents: From Schedule MINR, enter the amount from line 23 on line 13, norm line 23 on line 13, norm line 23 on line 13, norm line 23 on line 13b endoses Schedule MINR). 13a 0 13b 0 0 Other taxes, such as recapture amounts and the tax on lump-sum distributions (check appropriate boxes) (a) Schedule MIHOME (b) Schedule M1529 (c) Schedule MILS. 14 1 15 15 Tax before credits. Add lines 13 and 14. 15 15 Tax before credits. Add lines 13 and 14. 15 16 Amount from line 17 of Schedule MIC, Nonrefundable Credits (enclose Schedule MIC). 16 11 17 Subtract line 16 from line 15 (if result is zero or less, leave blank) 17 149 18 Nongame Wildlife Fund contribution (see instructions) 18 11 19 Add lines 17 and 18. 19 149 19 Add lines 17 and 18. 19 149 19 Add lines 17 and 18. 19 149 20 Minnesota income tax withheld. Complete and enclose Schedule MIW to report Minnesota withholding from Forms W-2, 1099, and W-26 (do not send) 151 21 Minnesota estimated tax and extension payments made for 2020 21 11 22 Amount from line 9 of Schedule MIREF, Refundable Credits (see instructions; enclose Schedule MIREF) 22 11 23 Total payments. Add lines 20 through 22 2 23 151 24 REFUND. If line 23 is more than line 19, subtract line 19 from line 23 (see instructions). 15 of direct deposit, complete line 25 2 2 15 25 Direct deposit of your refund (you must use an account not ossociated with a foreign bank): 26 11 26 AMOUNT YOU OWE. If line 19 is more than line 18, subtract line 23 from the line 23 (see instructions) 26 11 27 Penalty amount from Schedule M15 (see instructions). Also subtract this amount from line 24 you want sent to you refund credited to estimated tax, complete lines 28 and 29. 28 28 Amount from line 24 you want sent to you refund credited to estimated tax. 29 11 18 IF YOU PAY ESTIMATED TAX and want part of your refund credited to estimated tax. 29 11 18 IF YOU PAY ESTIMATED TAX and want part					
Part year residents and nonresidents: From Schedule MINR, enter the amount from line 32 on line 13, from line 28 on line 13a, and from line 29 on line 13b (enclose Schedule MINR). 13a 0 13b 0 13b 0 14 Other taxes, such as recapture amounts and the tax on lump-sum distributions (check appropriate boxes) 15 Tax before credits. Add lines 13 and 14 15 149 16 Amount from line 17 of Schedule M1C, Nonrefundable Credits (enclose Schedule MILS 14 15 149 17 Subtract line 16 from line 15 (if result is zero or less, leave blank) 17 149 18 Nongame Widdlife Fund contribution (see instructions) 19 Add lines 17 and 18. 19 149 19 Add lines 17 and 18. 19 149 20 Minnesota income tax withheld. Complete and enclose Schedule MIW to report Minnesota withheld (some payments made for 2020 20 151 21 Minnesota estimated tax and extension payments made for 2020 21 151 22 Amount from line 9 of Schedule MIREF, Refundable Credits (see instructions); enclose Schedule MIREF) 22 151 23 Total payments. Add lines 20 through 22 23 151 24 REPUND. If line 23 is more than line 19, subtract line 19 from line 23 (see instructions). 25 Direct deposit of your refund (you must use an account not associated with a fareign bank): 26 AMOUNT YOU OWE. If line 19 is more than line 23, subtract line 23 from line 19 (see instructions) 26 151 27 Penalty amount from Schedule MIS (see instructions). Also subtract this amount from line 24 oyeu want seption of your refund credited to estimated tax, complete lines 28 and 29. 28 Amount from line 24 you want seption your refund credited to estimated tax. Complete lines 28 and 29. 28 Amount from line 24 you want seption your 2021 estimated tax. 29 18 29 Amount from line 24 you want seption your refund credited to estimated tax. 29 19 20 Amount from line 24 you want seption your 2021 estimated tax. 29 17 21 PO2082703 22 PIRESTANTED NA SAGAR GUPTA TALLAM 21 21 21 21 22 23 24 25 27 23 Amount from line 24 you want seption your 2021 estimated tax. 29 27 24 MIRESTANTED	12	Add lines 10 and 11		12	14956
Ine 13, from line 28 on line 13a, and from line 29 on line 13b (enclose Schedule M1NR) 13a	13	Full-year residents: Enter the amount from line 12 on line 1	13. Skip lines 13a and 13b.		
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15 Tax before credits. Add lines 13 and 14		(a) Calcadada MALIONAE (b) Calcadada MALEGO	(a) Calcada la MMIC		
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17 149 18 Nongame Wildlife Fund contribution (see instructions) This will reduce your refund or increase the amount you owe	16	Amount from line 17 of Schedule M1C. Nonrefundable Cred	dits (enclose Schedule M1C)	16■	
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21 Minnesota estimated tax and extension payments made for 2020	20			20 =	15142
22 Amount from line 9 of Schedule M1REF, Refundable Credits (see instructions; enclose Schedule M1REF). 23 151 24 REFUND. If line 23 is more than line 19, subtract line 19 from line 23 (see instructions). For direct deposit, complete line 25. 25 Direct deposit of your refund (you must use an account not associated with a foreign bank): 26 AMOUNT YOU OWE. If line 19 is more than line 23, subtract line 23 from line 19 (see instructions). 27 Penalty amount from Schedule M15 (see instructions). Also subtract this amount from Schedule M15 (see instructions). Also subtract this amount from line 24 or add it to line 26 (enclose Schedule M15). 27 ■ 28 Amount from line 24 you want sent to you 29 Amount from line 24 you want applied to your 2021 estimated tax. 29 ■ 29 Amount from line 24 you want applied to your 2021 estimated tax 29 ■ 20 Amount from line 24 you want applied to Jour Preparer's Signature (if Filing Jointly) 20 Date (MM/DD/YYYY) 21 3 9 1 5 8 3 9 7 24 ■ 24 ■ 25 Direct deposit, complete line 25 (see instructions). 26 ■ 27 Penalty amount from Schedule M15 (see instructions). 26 ■ 27 Penalty amount from Schedule M15 (see instructions). 27 ■ 28 ■ 29 ■ 29 ■ 20 Date (MM/DD/YYYY) 21 3 9 1 5 8 3 9 7 21 3 9 1 5 8 3 9 7 22 4 ■ 24 ■ 25 Direct deposit, complete line 23 (see instructions). 26 ■ 27 Penalty amount from Ine 19 (see instructions). 26 ■ 27 Penalty amount from Ine 24 or add it to line 26 (enclose Schedule M15). 27 ■ 28 ■ 29 ■ 20 Amount from line 24 you want applied to your 2021 estimated tax. 29 ■ 20 Amount from line 24 you want applied to your 2021 estimated tax. 29 ■ 20 Amount from line 24 you want applied to your 2021 estimated tax. 29 ■ 20 Amount from line 24 you want applied to your 2021 estimated tax. 29 ■ 20 Amount from line 24 you want applied to your 2021 estimated tax. 20 Date (MM/DD/YYYY) 21 3 9 1 5 8 3 9 7 22 0 1 5 1 5 1 5 1 5 1 1 1 1 1 1 1 1 1 1 1		Minnesota withholding from Forms W-2, 1099, and W-2G (ad	o not senaj	20	
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25 Direct deposit of your refund (you must use an account not associated with a foreign bank): Checking Savings 021202337 626975721 Account Number Account Number	24	REFUND . If line 23 is more than line 19, subtract line 19 fro	om line 23 (see instructions).		100
Account Number 26 AMOUNT YOU OWE. If line 19 is more than line 23, subtract line 23 from line 19 (see instructions) 27 Penalty amount from Schedule M15 (see instructions). Also subtract this amount from line 24 or add it to line 26 (enclose Schedule M15) 28 Amount from line 24 you want part of your refund credited to estimated tax, complete lines 28 and 29. 29 Amount from line 24 you want applied to your 2021 estimated tax 29 Amount from line 24 you want applied to your 2021 estimated tax 29 Amount from line 24 you want applied to your 2021 estimated tax 29 Amount from line 24 you want applied to your 2021 estimated tax 29 Amount from line 24 you want applied to your 2021 estimated tax 29 Amount from line 24 you want applied to your 2021 estimated tax 29 Amount from line 24 you want applied to your 2021 estimated tax 29 Amount from line 24 you want applied to your 2021 estimated tax 29 Amount from line 24 you want applied to your 2021 estimated tax 29 Amount from line 24 you want applied to your 2021 estimated tax 29 Amount from line 24 you want applied to your 2021 estimated tax 29 Amount from line 24 you want applied to your 2021 estimated tax 29 Amount from line 24 you want applied to your 2021 estimated tax 29 Amount from line 24 you want applied to your 2021 estimated tax 29 Amount from line 24 you want applied to your 2021 estimated tax 29 Amount from line 24 you want applied to your 2021 estimated tax 29 Amount from line 24 you want applied to your 2021 estimated tax 29 Amount from line 24 you want applied to your 2021 estimated tax 29 Amount from line 24 you want applied to your 2021 estimated tax 29 Amount from line 24 you want applied to your 2021 estimated tax 29 Amount from line 24 you want applied to your 2021 estimated tax 29 Amount from line 24 you want applied to your 2021 estimated tax 29 Amount from line 24 you want applied to your 2021 estimated tax 29 Amount from line 24 you want applied to your 2021 estimated tax 29 Amount from line 24 you want applied to your 20		For direct deposit, complete line 25		24 ■	186
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Penalty amount from Schedule M15 (see instructions). Also subtract this amount from line 24 or add it to line 26 (enclose Schedule M15)					
Penalty amount from Schedule M15 (see instructions). Also subtract this amount from line 24 or add it to line 26 (enclose Schedule M15)	26	AMOUNT VOIL OWE If line 10 is more than line 22 subtrac	et line 22 from line 10 (see instructions)	26	
this amount from line 24 or add it to line 26 (enclose Schedule M15)				20	
Taxpayer: I declare that this return is correct and complete to the best of my knowledge and belief: Spouse's Signature Spouse's Signature (if Filing Jointly) Date (MM/DD/YYYY)				27 ■	
Amount from line 24 you want sent to you 28 ■ 29 Amount from line 24 you want applied to your 2021 estimated tax 29 ■ Faxpayer: I declare that this return is correct and complete to the best of my knowledge and belief. Four Signature Spouse's Signature (If Filing Jointly) Enail Address SYAM PRIYA RAM SAGAR GUPTA TALLAM Paid Preparer's Signature SYAM PRIYA RAM SAGAR GUPTA TALLAM Date (MM/DD/YYYY) Date (MM/DD/YYYY) Date (MM/DD/YYYY) Preparer's Signature SYAM@GTAXFILE.COM Preparer's Email Address I do not want my paid preparer to file my return electronically. I authorize the Minnesota Department of Revenue to discuss this return	IF Y				
Faxpayer: I declare that this return is correct and complete to the best of my knowledge and belief. Spouse's Signature (If Filing Jointly) Date (MM/DD/YYYY) ENGINE Phone SYAM PRIYA RAM SAGAR GUPTA TALLAM Paid Preparer's Signature Date (MM/DD/YYYY) Date (MM/DD/YYYY) Email Address Date (MM/DD/YYYY) PTIN or VITA/TCE # (red OTAN OF TALLE COM Preparer's Daytime Phone I do not want my paid preparer to file my return electronically. I authorize the Minnesota Department of Revenue to discuss this return				28 ■	
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Your Signature Spouse's Signature (If Filing Jointly) Date (MM/DD/YYYY) KVINAYREDDY92@GMAIL.COM Email Address SYAM PRIYA RAM SAGAR GUPTA TALLAM Paid Preparer's Signature O1312021 Date (MM/DD/YYYY) PTIN or VITA/TCE # (recomposed for the property of	29	Amount from line 24 you want applied to your 2021 estima	ated tax	29 ■	
Your Signature Spouse's Signature (If Filing Jointly) Date (MM/DD/YYYY) KVINAYREDDY92@GMAIL.COM Email Address SYAM PRIYA RAM SAGAR GUPTA TALLAM Paid Preparer's Signature O1312021 Date (MM/DD/YYYY) PTIN or VITA/TCE # (recomposed for the property of					
Comparison of Properties Comparison of Properties Comparison of Properties Comparison of Properties	Гахр	yer: I declare that this return is correct and complete to the	best of my knowledge and belief.		
Comparison of Properties Comparison of Properties Comparison of Properties Comparison of Properties					
Daytime Phone Email Address SYAM PRIYA RAM SAGAR GUPTA TALLAM Paid Preparer's Signature Date (MM/DD/YYYY) SYAM@GTAXFILE.COM Preparer's Daytime Phone I do not want my paid preparer to file my return electronically. Email Address D1312021 Date (MM/DD/YYYY) PTIN or VITA/TCE # (required of the control of the cont	Your	ignature	Spouse's Signature (If Filing Jointly)	Da	ate (MM/DD/YYYY)
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Paid Preparer's Signature Date (MM/DD/YYYY) PTIN or VITA/TCE # (red SYAM@GTAXFILE.COM Preparer's Daytime Phone I do not want my paid preparer to file my return electronically. Date (MM/DD/YYYY) PTIN or VITA/TCE # (red SYAM@GTAXFILE.COM Preparer's Email Address I authorize the Minnesota Department of Revenue to discuss this return	Dayti	ne Phone	Email Address		
SYAM@GTAXFILE.COM Preparer's Daytime Phone I do not want my paid preparer to file my return electronically. SYAM@GTAXFILE.COM Preparer's Email Address I authorize the Minnesota Department of Revenue to discuss this return					
Preparer's Daytime Phone Preparer's Email Address I do not want my paid preparer to file my return electronically. I authorize the Minnesota Department of Revenue to discuss this return			, , , ,	P	TIN or VITA/TCE # (required)
I do not want my paid preparer to file my return electronically. I authorize the Minnesota Department of Revenue to discuss this return					
	repa				
with my paid preparer or the third-party designee indicated on my federal return.		I do not want my paid preparer to file my return electronically.			
			with my paid preparer or the third-party designee i	ndicated	on my federal return.

Include a copy of your 2020 federal return and schedules.

REV 01/26/21 PRO

 $\begin{tabular}{ll} \textbf{Mail to:} & \textbf{Minnesota Individual Income Tax, St. Paul, MN 55145-0010} \\ & 1031 \end{tabular}$





2020 Schedule M1M, Income Additions and Subtractions

Complete this schedule to determine line 2 and line 7 of Form M1.

	AY REDDY st Name and Initial	KONDAM Your Last Name	346153526 Your Social Security Number
Add	ditions to Income		
1	Interest from municipal	bonds of another state or its governmental units	
	included on line 2a of fe	deral Form 1040	1 ■
2	· · · · · · · · · · · · · · · · · · ·	vidends from mutual funds investing in bonds of another state	
	or its governmental unit	s included on line 2a of federal Form 1040	2 ■
3	Federal bonus depreciat	tion addition (determine from worksheet in the instructions)	3 ■
4	This line intentionally lef	ft blank	4 ■
5	State taxes passed throu	ugh to you (see instructions)	5 ■
6	Expenses deducted on y	our federal return attributable to income not taxed	
	by Minnesota (other tha	an interest or mutual fund dividends from U.S. bonds)	6 ■
7	Foreign-derived intangib	ole income deduction under section (see instructions)	7 🖩
8	Suspended loss from bo	nus depreciation (see instructions and worksheets)	8 ■
9	Capital gain portion of a	lump-sum distribution (from line 6 of federal Form 4972; enclose	Form 4972) 9 🔳
10	Net operating loss carry	over adjustment (see instructions)	10 🔳
11	Addition from line 7 of S	Schedule M1HOME (enclose Schedule M1HOME)	11 🔳
12	Accelerated recognition	of nonresident installment sales (enclose Schedule M1AR)	12 🔳
13	Distributions from highe	er education savings accounts used for K-12 tuition (see instruction	s) 13 ■
14	This line intentionally lef	ft blank	14 🖩
15	This line intentionally lef	ft blank	15 🔳
16	Addition from line 32 of	Schedule M1NC	16 ■250
17	Add lines 1 through 16.	Enter the total here and on line 2 of Form M1	17 250
Sub	tractions from Inc	ome	
18	Net interest or mutual fu	und dividends from U.S. bonds (see instructions)	18 🔳
19	Education expenses you	paid for your qualifying children in grades K–12 (see instructions)	
	Enter the name and grad	de of each child on the line below:	19 ■
20	-	edule M1SA, and your charitable contributions	20 ■
21	Federal bonus depreciat	tion subtraction (see instructions and worksheet)	21 ■
	·	•	
22	Section 179 Expensing S	subtraction (see instructions)	22 🔳

2020 M1M, page 2



Subtraction for persons age 65 or older, or permanently and totally disabled (enclose Schedule M1R)	23 🔳
Railroad Retirement Board benefits (see instructions) If you are a resident of Michigan or North Dakota filing Form M1 only to receive a refund of all Minnesota tax withheld, enter the amount from line 1 of Form M1. If the amount is zero or less, enter 0	25 ■
Subtraction of reservation income for American Indians (see instructions)	
Minnesota National Guard members and reservists: See instructions	
Organ Donor Subtraction (see instructions)	30 🔳
Disallowed section 280E expenses of medical cannabis manufacturers (see instructions)	31 🔳
Subtraction for military pensions or other military retirement pay (see instructions)	32 🔳
Gain from the sale of farm property (see instructions)	33 🔳
Post-service education awards received for service in an AmeriCorps National Service program	34 🔳
Net operating loss carryover adjustment (see instructions)	35 🔳
Prior addback of reacquisition of indebtedness income (see instructions)	36 ■
Subtraction for railroad maintenance expenses	37 🔳
Subtraction for contributions to a qualified education savings plan (enclose Schedule M1529)	38 🔳
Social Security benefit subtraction (determine from worksheet in instructions)	
Subtraction for discharge of indebtedness of educational loans (see instructions)	41 🔳
Income from prior-year partnership sale (see instructions) (see instructions)	42 🔳
Deferred foreign income recognized under section 965 of the Internal Revenue Code	
Add lines 18-46. Enter the total here and on line 7 of Form M1	
You must include this schedule with your Form M1.	
	Railroad Retirement Board benefits (see instructions) If you are a resident of Michigan or North Dakota filing Form M1 only to receive a refund of all Minnesota tax withheld, enter the amount from line 1 of Form M1. If the amount is zero or less, enter 0 Place an X in one box to indicate the reciprocity state of which you were a resident during 2020 Michigan North Dakota of which you were a resident during 2020 Michigan North Dakota Order of which you were a resident during 2020 Michigan North Dakota Order of the extent the income is federally taxable. If you received a military pension, see line 32. Minnesota National Guard members and reservists: See instructions Residents of another state: Enter your federal active service military pay, to the extent the income is federally taxable. If you received a military pension, see line 32. Organ Donor Subtraction (see instructions) Disallowed section 280E expenses of medical cannabis manufacturers (see instructions) Subtraction for military pensions or other military retirement pay (see instructions) Gain from the sale of farm property (see instructions) Post-service education awards received for service in an AmeriCorps National Service program Net operating loss carryover adjustment (see instructions) Prior addback of reacquisition of indebtedness income (see instructions) Subtraction for railroad maintenance expenses Subtraction for contributions to a qualified education savings plan (enclose Schedule M1529) Social Security benefit subtraction (determine from worksheet in instructions) Subtraction for interest earned from a designated first-time homebuyer savings account (enclose Schedule M1HOME) Subtraction for discharge of indebtedness of educational loans (see instructions) Income from prior-year partnership sale (see instructions) (see instructions) Deferred foreign income recognized under section 965 of the Internal Revenue Code Subtraction from line 32 of Schedule M1NC. Enter as a positive number. This line intentionally left blank Ad

REV 01/26/21 PRO 1031





2020 Schedule M1W, Minnesota Income Tax Withheld

Complete this schedule to report Minnesota income tax withheld. Include this schedule when you file your return.

VINAY REDI		KONDA	M	346153526 Your Social Security Number				
f a Joint Return, Spou	se's First Name and Initial	Spouse's La	st Name			Spouse's	Social Security Number	
complete this sch amounts to the no W-2G; keep them	federal Form W-2, 1099 edule to determine line earest whole dollar. Yo with your tax records.	e 20 of Form N u must include All instruction	11. List only the for this schedule when s are included on th	ms that re n you file y nis schedul	port Minnesota incon rour return. DO NOT le.	ne tax withh send in you	neld. Round dollar r Forms W-2, 1099, c	
complete line 5	ges and Minnesota tax w 5 on the back.	numeia on Fori	ns w-2, other than i	TOTTI FOTTIIS	w-2G. II you have mo	re than live	FOITIIS VV-2,	
Α	B—Box 13	C—Box 15		D—Box	c 16	Е—Вох	17	
If the Form W-2 is		Employer's s	seven-digit Minnesota	State w	ages, tips, etc.	Minnes	ota tax withheld	
you, enter 1spouse, enter		Tax ID Numb	per	(round	to nearest whole dollar)	(round	to nearest whole dollar)	
a1	b1	c1 MN	2385361	d1	217194	e1	15142	
a2	b2	c2 MN		d2		e2		
a3	b3	c3 MN		d3		e3		
a4	b4	c4 MN		d4		e4		
a5	b5	c5 MN		d5		e5		
Subtotal for ad	ditional Forms W-2 (fror	n line 5 on page	2)					
	ta tax withheld on all Fo						15140	
2 Minnesota tax	withheld on Forms 1099	9. W-2G. and 10	142-S. If you have mo	re than fou	ur forms, complete line	e 6 on the ba	ıck.	
Α		В	,	С		D		
If the Form 1099,	W-2G, or 1042-S is for:	Payer's seve	n-digit Minnesota Tax ID	Income	e amount (see the table on	Minn	esota tax withheld	
you, enter 1spouse, enter	r 2	Number (if u	ınknown, contact the pa	yer) the ba	ck for amounts to include)	(roun	d to nearest whole dollar)	
a1		b1 MN		c1		d1		
a2		b2 MN		c2		d2		
a3		b3 MN		c3		d3		
a4		b4 MN		c4		d4		
Subtotal for ad	ditional 1099, W-2G, an	d 1042-S <i>(from</i>	line 6 on page 2)					
Total Minnesot	ta tax withheld on all 10)99, W-2G, and	1042-S (add amoun	ts in line 2,	column D)	2 🔳		
3 Total Minnesot	ta tax withheld by partr	nerships, S corp	orations, and fiduci	aries				
(from line 7 on	page 2)					3 🔳		
	Minnesota tax withheld here and on line 20 of F					4 ■	15142	





2020 Schedule M1NC, Federal Adjustments

Minnesota has not adopted the federal law changes enacted after December 31, 2018, that affect federal adjusted gross income for tax year 2020. This schedule allows for any necessary adjustments required to file a state tax return.

	NAY REDDY First Name and Initial	KONDAM Last Name	346153526 Social Security Number
	I the instructions before you	ı complete this schedule.	Enter amounts as a positive or negative. Round amounts to the nearest whole dollar
Adju	ustments to federal adjus	ted gross income (FAGI)	
1	Home mortgage debt cance	elled in 2020 and excluded from federal income	1 ■
2	Tuition and fees deduction	from line 21 of federal Schedule 1	2 =
3	Distributions from higher ed	ducation savings accounts used for apprenticeship progran	ns or student loan payments. 3
4	IRA distributions related to	Coronavirus to be repaid over extended time	4 ■
5	Certain retirement account	withdrawals excluded from income	5 ■
6	Charitable contribution dec	duction for filers who claim the federal standard deduction	on 6 ■250
7	This line intentionally left b	lank	7 ■
8	This line intentionally left b	lank	8 ■
9	Paycheck Protection Progra	ım Ioan forgiveness	9 ■
10	Exclusion for employer pay	ments of student loans	10
11	Employee Retention Credit	under the CARES Act	11 ■
12	Employee Retention Credit	for employers affected by qualified disasters	12 🔳
13	NOL carryovers and suspen	sion of 80% Limit	13 🔳
14	Modification of excess loss	limitation or excess business loss	14 🔳
15	Subpart F Income Adjustme	ent	15 🔳
16	Modification of business in	terest limitation	16
17	Qualified Improvement Pro	perty technical fix	17 🔳
18	Employer credit for paid mo	edical leave and Employer payroll credit for required paid	d family leave
19	Basis and depreciation prov	visions	19 🔳
20	Credit provisions impacting	basis and depreciation	20 ■
21	Credit provisions impacting	business expenses	21 ■
22	Other adjustments to feder	ral adjusted gross income	22
23	This line intentionally left h	lank	23 ■

2020 Schedule M1NC, page 2



24	This line intentionally left blank	24 ■	
25	This line intentionally left blank	25 ■	
26	This line intentionally left blank	26 ■	
27	This line intentionally left blank	.27 ■	
28	This line intentionally left blank	28 ■	
29	This line intentionally left blank	29 ■	
30	This line intentionally left blank	30 ■	
31	If you have an amount on lines 1 through 30, and an adjustment to income subject to a rule involving adjusted gross income such as an IRA deduction, Social Security income, rental real estate loss, or student loan interest, see instructions	.31 ■	
32	Add lines 1-31. If the result is positive, enter it on Form M1M, line 16. If the amount is negative, enter it as a positive number on Form M1M, line 45	.32 ■	250
33	Line 1 of Form M1	33 ■	210394
34	Minnesota adjusted gross income. Add lines 32 and 33, then see instructions	34 ■	210644

You must include this schedule when you file Form M1.

£1040

Department of the Treasury—Internal Revenue Service (99)

U.S. Individual Income Tax Return

2020

OMB No. 1545-007

IRS Use Only—Do not write or staple in this space.

Filing Status Check only one box.	If yo	Single Married filing jointly bu checked the MFS box, enter the son is a child but not your depende	mame of y	ed filing separately your spouse. If you		_		•	_			, , , ,
Your first name	and m	iddle initial	Last nar	me					You	our social security number		
VINAY R	EDDY		KOND	AM					34	346-15-3526		
If joint return, spouse's first name and middle initial Last n				ne					Spo	use's	s social sec	curity number
Home address	,	er and street). If you have a P.O. box, se S LANE	e instructio	ons.				Apt. no.	Che	eck h	ere if you,	•
City, town, or p	ost offi	ce. If you have a foreign address, also c	omplete sp	paces below.	Sta			code			0,	tly, want \$3 Checking a
EDEN PR		E			M			5347			ow will not	change
Foreign country	y name		F	Foreign province/state	e/coun	ty	For	eign postal cod	de you	r tax	or refund.	Spouse
At any time du	ring 20	D20, did you receive, sell, send, exc	change, o	r otherwise acquire	e any	financial ir	nterest ir	any virtual	curren	cy?	Yes	X No
Standard Deduction	_	neone can claim:	•				ent					
Age/Blindness	You:	: Were born before January 2,	1956	Are blind Sp	ouse	: Was	born b	efore Januar	y 2, 19	56	☐ Is bli	nd
Dependents	s (see	instructions):		(2) Social securi	ty	(3) Relati	onship	(4) 🗸 i	if qualifie	qualifies for (see instructions):		
If more		irst name Last name		number to you			ou .	Child tax		- 1		ner dependents
than four]			
dependents, see instruction												
and check]			
here ▶ □]			
	1	Wages, salaries, tips, etc. Attach	Form(s) V	V-2						1	21	L7,194.
Attach Sch. B if	2 a	Tax-exempt interest	2a		b T	axable inte	erest		.	2b		
required.	3a	Qualified dividends	3a		b (Ordinary div	vidends		.	3b		
	4a	IRA distributions	4a		b T	axable am	ount .		. [4b		
	5a	Pensions and annuities	5a		b T	axable am	ount .		.	5b		
Standard	6a	Social security benefits	6a		b T	axable am	ount .		.	6b		
Deduction for— Single or	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ □								7		
Married filing	8	Other income from Schedule 1, line 9								8		-6,550.
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								9	21	LO,644.
Married filing	10	Adjustments to income:										
jointly or Qualifying	а	From Schedule 1, line 22										
widow(er), \$24,800	b	Charitable contributions if you take the standard deduction. See instructions 10b 250.										
Head of	С	Add lines 10a and 10b. These are your total adjustments to income								10c	;	250.
household, \$18,650	11	Subtract line 10c from line 9. This	s is your a	djusted gross inc	ome				•	11	21	LO,394.
If you checked	12	Standard deduction or itemized	d deducti	ons (from Schedul	e A)				. [12	1	L2,400.
any box under Standard	13	Qualified business income deduc	tion. Atta	ch Form 8995 or F	orm 8	8995-A .				13		
Deduction, see instructions.	14	Add lines 12 and 13							. [14	1	L2,400.
See monuctions.	15	Taxable income. Subtract line 1-	4 from line	e 11. If zero or less	, ente	er -0			. [15	19	7,994.

Form 1040 (2020))									Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌			16	44,374.
	17	Amount from Schedule 2, lir	ne 3					[17	
	18	Add lines 16 and 17						[18	44,374.
	19	Child tax credit or credit for	other dependen	ts				[19	
	20	Amount from Schedule 3, lir	ne7					L	20	
	21	Add lines 19 and 20						[21	
	22	Subtract line 21 from line 18	B. If zero or less,	enter -0				[22	44,374.
	23	Other taxes, including self-e	mployment tax,	from Schedule	2, line 10 .			[23	155.
	24	Add lines 22 and 23. This is	your total tax					. ▶	24	44,529.
	25	Federal income tax withheld	I from:							
	а	Form(s) W-2				25a	45,0	061.		
	b	Form(s) 1099				25b				
	С	Other forms (see instruction	s)			25c	1	L55.		
	d	Add lines 25a through 25c							25d	45,216.
If you have a	26	2020 estimated tax paymen	ts and amount a	pplied from 20	119 return			[26	
qualifying child,	27	Earned income credit (EIC)			No .	27				
attach Sch. EIC.	28	Additional child tax credit. A				28				
nontaxable	29	American opportunity credit	from Form 8863	3, line 8		29				
combat pay, see instructions.	30	Recovery rebate credit. See	instructions .			30				
	31	Amount from Schedule 3, lir				31		\neg		
	32	Add lines 27 through 31. The					3	. ▶	32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				. ▶ [33	45,216.
Defined	34	If line 33 is more than line 24							34	687.
Refund	35a	Amount of line 34 you want				•			35a	687.
Direct deposit?	▶b	Routing number 0 2 1			▶ c Type: 🔀	_		vinas		
See instructions.	►d	Account number 6 2 6								
	36	Amount of line 34 you want			ed tax ►	36		- 1		
Amount	37	Subtract line 33 from line 24	. This is the am e	ount vou owe	now			. ▶	37	
You Owe				-						
For details on		Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.								
how to pay, see instructions.	38	Estimated tax penalty (see in	•			38				
Third Party	Do	you want to allow another								
Designee		structions					es. Com	plete be	low.	X No
		signee's		Phone				al identific	ation [
	naı	me ►		no.			number	(PIN) ►		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com								
Here		•	•			aseu on an in				,
	YO	ur signature		Date	Your occupation					it you an Identity N, enter it here
Joint return?					SOFTWARE	DEVELOP	ER	(see in		
See instructions.	Sp	ouse's signature. If a joint return, I	both must sign.	Date	Spouse's occupa	tion		If the II	RS sen	it your spouse an
Keep a copy for your records.	,									ection PIN, enter it here
your records.								(see in	st.) ▶	
		one no.		Email address						
Paid	Pre	eparer's name	Preparer's signat	ture		Date		TIN		Check if:
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLAM	1 01/31/2	2021 P	02082		Self-employed
Use Only		m's name ► GLOBAL TA						Phone	no. (678)965-9522
	Fir	m's address ► 2530 Pebb	le Creek I	n Cummin	g GA 30041			Firm's	EIN ▶	30-1017196
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	est information.		BAA	REV 01/25	/21 PRO			Form 1040 (2020)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

Attachment

Your social security number

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

► Attach to Form 1040, 1040-SR, or 1040-NR. ▶ Go to www.irs.gov/Form1040 for instructions and the latest information. Sequence No. 01

OMB No. 1545-0074

VINAY REDDY KONDAM 346-15-3526 **Additional Income** Part I 1 Taxable refunds, credits, or offsets of state and local income taxes 1 2a **b** Date of original divorce or separation agreement (see instructions) 3 3 4 4 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 5 5 -6,550. 6 6 7 7 8 Other income. List type and amount 8 Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR. 9 9 -6,550. Adjustments to Income Part II 10 Educator expenses 10 Certain business expenses of reservists, performing artists, and fee-basis government 11 11 12 12 13 Moving expenses for members of the Armed Forces, Attach Form 3903 13 14 Deductible part of self-employment tax. Attach Schedule SE 14 15 Self-employed SEP, SIMPLE, and qualified plans 15 16 16 17 17 18a c Date of original divorce or separation agreement (see instructions) 19 19 IRA deduction . . . 20 20

21

22

Add lines 10 through 21. These are your adjustments to income. Enter here and

on Form 1040, 1040-SR, or 1040-NR, line 10a

SCHEDULE 2 (Form 1040)

Department of the Treasury Internal Revenue Service

Additional Taxes

► Attach to Form 1040, 1040-SR, or 1040-NR.

► Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2020
Attachment
Sequence No. 02

Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number 346-15-3526 VINAY REDDY KONDAM Part I Tax 1 Alternative minimum tax. Attach Form 6251 1 2 2 Excess advance premium tax credit repayment. Attach Form 8962 Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17... 3 Part II **Other Taxes** 4 Self-employment tax. Attach Schedule SE 4 Unreported social security and Medicare tax from Form: a ☐ 4137 5 5 6 Additional tax on IRAs, other qualified retirement plans, and other tax-favored 6 7a b Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required 7b Taxes from: **a** × Form 8959 **b** Form 8960 8 **c** ☐ Instructions; enter code(s) 8 155. Section 965 net tax liability installment from Form 965-A . . . 10 Add lines 4 through 8. These are your total other taxes. Enter here and on Form

For Paperwork Reduction Act Notice, see your tax return instructions.

1040 or 1040-SR, line 23, or Form 1040-NR, line 23b

REV 01/25/21 PRO

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BAA

Schedule 2 (Form 1040) 2020

155.

SCHEDULE E

(Form 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

► Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Attachment

OMB No. 1545-0074

Department of the Treasury

▶ Go to www.irs.gov/ScheduleE for instructions and the latest information. Internal Revenue Service (99) Sequence No. 13 Name(s) shown on return Your social security number 346-15-3526 VINAY REDDY KONDAM Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Part I Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. A Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions **B** If "Yes," did you or will you file required Form(s) 1099? . . . Physical address of each property (street, city, state, ZIP code) Α KUKATPALLY HYDERABAD IN 500072 В С 1b Fair Rental **Personal Use** Type of Property For each rental real estate property listed QJV above, report the number of fair rental and personal use days. Check the **QJV** box only if you meet the requirements to file as a **Days Days** (from list below) Α 365 0 Α qualified joint venture. See instructions. В В C C

	ti-Family Residence 4 Commercial		ноу		Othe	(describe)	-	
con		roperties:		Α		В		С
3	Rents received		3	65	50.			
4	Royalties received		4					
kpei	ises:							
5	Advertising	<u> </u>	5					
6	Auto and travel (see instructions)	-	6		00.			
7	Cleaning and maintenance	-	7	10	00.			
8	Commissions		8					
9	Insurance		9					
10	Legal and other professional fees	· · · ·	10					
11	Management fees		11	65	50.			
12	Mortgage interest paid to banks, etc. (see inst	ructions)	12					
13	Other interest		13	4,50	00.			
14	Repairs		14	65	50.			
15	Supplies		15	65	50.			
16	Taxes		16					
17	Utilities		17	45	50.			
18	Depreciation expense or depletion		18					
19	Other (list)		19					
20	Total expenses. Add lines 5 through 19		20	7,20	00.			
21	Subtract line 20 from line 3 (rents) and/or 4 (re	yalties). If						
	result is a (loss), see instructions to find out if	you must						
	file Form 6198		21	-6,55	50.			
22	Deductible rental real estate loss after limitati	on, if any,						
	on Form 8582 (see instructions)		22 (-6,55	0.))	(
23a	Total of all amounts reported on line 3 for all re	ental properti	ies		23a	6	50.	
b	Total of all amounts reported on line 4 for all re	oyalty proper	ties	[23b			
С	Total of all amounts reported on line 12 for all	properties		[23c			
d	Total of all amounts reported on line 18 for all	properties			23d			
е	Total of all amounts reported on line 20 for all	properties			23e	7,2	00.	
24	Income. Add positive amounts shown on line	21. Do not i	includ	le any losses			24	
25	Losses. Add royalty losses from line 21 and renta	al real estate lo	osses	from line 22. Ente	er tota	l losses here .	25	(6,55

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2

26

-6,550.

Department of the Treasury Internal Revenue Service

Additional Medicare Tax

▶ If any line does not apply to you, leave it blank. See separate instructions. ► Attach to Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.

▶ Go to www.irs.gov/Form8959 for instructions and the latest information.

Attachment Sequence No. **71**

OMB No. 1545-0074

Name(s) shown on return Your social security number VINAY REDDY KONDAM 346-15-3526

Part	Additional Medicare Tax on Medicare Wages			
1	Medicare wages and tips from Form W-2, box 5. If you have more than one			
	Form W-2, enter the total of the amounts from box 5	217,194.		
2	Unreported tips from Form 4137, line 6			
3	Wages from Form 8919, line 6			
4	Add lines 1 through 3	217,194.		
5	Enter the following amount for your filing status:			
	Married filing jointly			
	Married filing separately \$125,000			
_	Single, Head of household, or Qualifying widow(er) \$200,000 5	200,000.		
6	Subtract line 5 from line 4. If zero or less, enter -0		6	17,194.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter	•	_	155.
Part	Part II		7	155.
	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you			
8	had a loss, enter -0- (Form 1040-PR or 1040-SS filers, see instructions.) 8			
9	Enter the following amount for your filing status:			
3	Married filing jointly			
	Married filing separately \$125,000			
	Single, Head of household, or Qualifying widow(er) \$200,000			
10	Enter the amount from line 4			
11	Subtract line 10 from line 9. If zero or less, enter -0			
12	Subtract line 11 from line 8. If zero or less, enter -0		12	
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009).			
	go to Part III		13	
Part	Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Com	pensation		
14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14			
	(see instructions)			
15	Enter the following amount for your filing status:			
	Married filing jointly \$250,000			
	Married filing separately \$125,000			
	Single, Head of household, or Qualifying widow(er) \$200,000 15			
16	Subtract line 15 from line 14. If zero or less, enter -0		16	
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 b		47	
Part	Enter here and go to Part IV		17	
18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 8	(chock box a)		
10	(Form 1040-PR or 1040-SS filers, see instructions), and go to Part V		18	155.
Part			.0	133.
19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form			
	W-2, enter the total of the amounts from box 6	3,304.		
20	Enter the amount from line 1	217,194.		
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax			
	withholding on Medicare wages	3,149.		
22	Subtract line 21 from line 19. If zero or less, enter -0 This is your Additional	Medicare Tax		
	withholding on Medicare wages		22	155.
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from			
	14 (see instructions)		23	
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include the			
	federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (For			
	1040-SS filers, see instructions)		24	155.

BAA

Form **8960**

Department of the Treasury Internal Revenue Service (99)

Net Investment Income Tax— Individuals, Estates, and Trusts

► Attach to your tax return.

► Go to www.irs.gov/Form8960 for instructions and the latest information.

2020 Attachment Sequence No. 72

OMB No. 1545-2227

Name(s) shown on your tax return Your social security number or EIN VINAY REDDY KONDAM 346-15-3526 Part I Investment Income ☐ Section 6013(g) election (see instructions) ☐ Section 6013(h) election (see instructions) ☐ Regulations section 1.1411-10(g) election (see instructions) 1 2 2 3 3 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see 4a -6,550.Adjustment for net income or loss derived in the ordinary course of a nonsection 1411 trade or business (see instructions) 4b -6,550. 4c 5a Net gain or loss from disposition of property (see instructions) 5a Net gain or loss from disposition of property that is not subject to net 5b Adjustment from disposition of partnership interest or S corporation stock (see 5d 6 Adjustments to investment income for certain CFCs and PFICs (see instructions) 6 7 7 Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7. 8 -6,550 Part II Investment Expenses Allocable to Investment Income and Modifications State, local, and foreign income tax (see instructions) 9b Miscellaneous investment expenses (see instructions) . . 9c 9d 10 10 Total deductions and modifications. Add lines 9d and 10 11 11 Part III Tax Computation Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13-17. 12 0. Individuals: Modified adjusted gross income (see instructions) 13 210,394. 14 200,000. 15 Subtract line 14 from line 13. If zero or less, enter -0- 15 16 16 0. 17 Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and include 17 0. **Estates and Trusts:** Deductions for distributions of net investment income and deductions under 18b Undistributed net investment income. Subtract line 18b from 18a (see instructions). 18c 19a Highest tax bracket for estates and trusts for the year (see instructions) . . . 19b Subtract line 19b from line 19a. If zero or less, enter -0- 19c 20 20 Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and 21